Case 1:08-cr-00607	Document 8 Filed 08/12/200	8 Page 1 of 1
	United States Postal Service	First-Class Mall Postage & Fees Paid USPS Permit No. G-10
· · · · · · · · · · · · · · · · · · ·	Sender: Please print your nar	ne, address, and ZIII+4 in Tiple but 8
· · · · · · · · · · · · · · · · · · ·	Northern District of Clerk's Office 219 S. Dearborn	
	Chicago, IL 60604	
	hillandahada	ladhadhaaddaledaadad
	THE CECTION	COMPLETE THIS SECTION ON DELIVERY
	Complete Items 1, 2, and 3. Also complete Items 4 If Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the maliplece, or on the front if space permits.	A. Signature X B. Received by (Printed Name) D. Is delivery address different from item 1?
 ,	Article Addressed to:	If YES, enter delivery address below: No
	Central District of California Southern Division 411 West Fourth Street Room 1053 Santa Ana, CA 92701-4516	☐ Express Mall ☐ Return Receipt for Merchandise ☐ Insured Mall ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
<u>.</u>	2. Article Number 7 0 0 4 (Transfer from service label)	2510 0001 9746 9476
- · · · · · · · · · · · · · · · · · · ·	PS Form 3811, February 2004 Domestic	Return Receipt OBCL 607 102585-02-M-154
		E D

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